VibrantUSA is an independent insurance agency specializing in Medicare products. We have been in business since 2003 and have served well over 17,000 satisfied clients with their insurance needs. Our portfolio of Medicare insurance includes virtually all of the plans available allowing us the freedom to compare plans for you without bias. Our licensed specialists will help you compare plans accepted by your providers and pharmacies.

Our specialists are extensively trained and highly experienced in the world of Medicare. They must complete an annual certification program for each Medicare Advantage and Medicare Part D Prescription Drug plan we represent. VibrantUSA also conducts weekly training sessions with our staff and specialists, as we strive to be the very best at what we do — providing personal and knowledgeable information on a complex subject.

As you review this guide, there is a very good chance you first heard about VibrantUSA through a referral made by your physician, hospital, pharmacy, or a friend or relative. We are very proud most of our business does come to us by referrals — people and professionals who trust VibrantUSA to provide their friends and patients with the honesty, respect and knowledgeable information they deserve.

Here are a few points that make VibrantUSA unique:

- Our licensed insurance specialists can help you evaluate your health and prescription drug options.
- We do not charge a fee for any of our services — our income is derived from the insurance companies we represent.
- Our service extends well beyond the purchase of Medicare insurance — VibrantUSA serves as your advocate when you need help to resolve issues with your Medicare insurance company.
- Our loyalty is always to our client, the Medicare beneficiary. If your Medicare insurance requirements change over time, VibrantUSA remains your trusted Medicare insurance resource.

Thank you for taking the time to review this informative guidebook. We look forward to assisting you as you gather information and evaluate your Medicare insurance options. Please contact us with any Medicare question you may have.

Sincerely,

Your VibrantUSA Team

VibrantUSA is an independent insurance agency licensed in many states. VibrantUSA is not associated with the Medicare program or any other state or federal agency. VibrantUSA is not connected (financially or otherwise) with any physician, clinic or hospital.
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Original Medicare is comprised of Part A (Hospital Insurance) and Part B (Medical Insurance). These plans are made available directly through the Federal Government.

A Part A

Part A helps to pay for hospital and skilled nursing facility, home healthcare, and hospice care. In most cases, if you had a Medicare deduction from your paycheck while you were working, you will not have a Medicare Part A premium. Medicare Part A coverage begins automatically upon your Medicare eligibility—age 65 or if you have been drawing Social Security due to a disability for 24 continuous months.

B Part B

Part B helps to pay for physician services, outpatient services, durable medical equipment, and other medical services. Generally speaking, you are eligible to apply for Part B three months prior to the month of your 65th birthday and three months following the month of your 65th birthday. For most people, the Part B monthly premium for 2017 is $134.00. There may be an additional premium for Part B depending on your annual income. You are required to have both Part A and Part B in order to purchase a Medicare Supplement or a Medicare Advantage plan.

“ My husband is retiring and going on Medicare. We sat down with a VibrantUSA agent and had her explain our options. She was familiar with the Medicare Advantage plans accepted by our physicians at The Everett Clinic and her knowledge made the process so much easier for us. She explained everything thoroughly and was a pleasure to work with. We have already told relatives about VibrantUSA and will continue to pass along contact information to others. ”

Chris Hoerner, Snohomish WA
Part C refers to Medicare Advantage plans. These plans incorporate your Part A, Part B, and usually Part D – Prescription Drug coverage – into one plan. Medicare pays a private insurance company to provide your healthcare coverage with a Part C Medicare Advantage plan. Part C must cover the same benefits as Original Medicare and may have a premium. Medicare Advantage plans often include extra benefits not offered by Original Medicare.

Part D refers to Medicare Prescription Drug coverage. People with Original Medicare and a Medicare Supplement must purchase a Medicare Part D Prescription plan separately. For people joining a Medicare Advantage plan, a Part D Prescription plan is usually included with the Medicare Advantage coverage. You should note, if you choose not to sign up for Part D Prescription Drug coverage, a penalty will be assessed.

**HOW VIBRANTUSA CAN HELP**

If you are new to Medicare or would like additional information about Original Medicare and your Medicare entitlements, we encourage you to visit our website, [www.vibrantusa.com](http://www.vibrantusa.com). If you have a specific Medicare-related question or a unique circumstance, give us a call toll-free at **866-733-5111** and ask to speak with a Licensed Insurance Specialist. There is never a charge for our help.

**Additional Resource**

The *Medicare & You* book published annually by the Centers for Medicare & Medicaid Services includes additional information pertaining to Parts A, B, C and D. To view this online, visit: [www.medicare.gov](http://www.medicare.gov) or request a copy by calling **1-800-MEDICARE** (TTY 1-877-486-2048).
UNDERSTANDING THE DIFFERENCES

Medicare Supplements and Medicare Advantage Plans

Medicare health insurance can be categorized in two basic product types: Medicare Supplements and Medicare Advantage plans. VibrantUSA recommends you become familiar with how each of these Medicare insurance types are structured and how they function to meet your health insurance needs.

Medicare Supplements have been in existence since shortly after the introduction of Medicare in the 1960s. Medicare Supplements fill the gaps of Original Medicare, which normally equal approximately 20% of the Medicare usual and customary charges. Medicare Supplements, also referred to as Medigap plans, always function secondary to Medicare, meaning Medicare will pay its portion of the healthcare claim first, and the Medicare Supplement will pay second.

Here are a few useful facts about Medicare Supplements:

• Insurance companies marketing Medicare Supplements must use standardized benefit packages.
• Medicare Supplements being marketed today do not include Part D Prescription Drug coverage.
• Medicare Supplements usually do not include benefits beyond what Medicare covers; such as preventive dental, eyewear and hearing exams.
• Premiums for Medicare Supplements can vary greatly by company and plan, with an average range of $140-$250 per month.

• Medicare Supplements may require the prospective policyholder to answer a series of health-related questions in order to qualify for coverage. This is called medical underwriting.

• Medicare Supplements generally do not require the use of “preferred” or contracted healthcare providers. Most Medicare Supplement plans will allow the policyholder to receive care from any Medicare certified healthcare provider who accepts Original Medicare. Keep in mind, doctors are not required to accept Original Medicare, and therefore do not always accept Supplement plans. Contact VibrantUSA to determine if your physicians and/or specialists accept Supplement plans.

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Medicare Advantage Plans
work quite differently than Medicare Supplements. The insurance companies sponsoring Medicare Advantage plans are paid directly by Medicare to assume full responsibility for your healthcare. The private insurance company then pays approved claims to healthcare providers according to the benefit design of the Medicare Advantage plan. Medicare Advantage plans are closely monitored and each plan must be approved annually by the Centers for Medicare & Medicaid Services (CMS) before being marketed during the Medicare Annual Election Period (see Key Dates, page 14 for more information).

Medicare Advantage plans have a contractual relationship with network healthcare providers, and most Medicare Advantage plans require members to use contracted healthcare providers in order to obtain the full benefit of the Medicare Advantage plan. Here are a few additional facts about Medicare Advantage plans:

- Most healthcare providers only accept certain Medicare Advantage plans, so patients are strongly encouraged to confirm which Medicare Advantage plans their healthcare providers accept before applying for coverage.

- Medicare Advantage plans usually include member coinsurance and copayments. A Medicare Advantage Summary of Benefits, the official document summarizing member cost-sharing requirements, should be carefully reviewed prior to applying for Medicare Advantage coverage.

- Most Medicare Advantage plans charge a monthly premium that is less than the average Medicare Supplement premium; and Medicare Advantage premiums vary considerably by insurer, by plan and by market. Medicare Advantage plans cannot adjust plan premiums based on the member’s age, health or claim experience.

- Medicare Advantage plans do not require medical underwriting (answering health-related questions). The only qualifications for Medicare Advantage coverage are that the applicant cannot have End Stage Renal Disease (kidney failure), they must have Medicare Parts A and B, and they need to reside within the Medicare Advantage plan’s service area.

- Enrollment in Medicare Advantage plans is generally limited to certain periods of time. The Medicare Annual Election Period, is the time when most Medicare beneficiaries may choose or change their Medicare Advantage plan. Additional periods of time are provided for people who are new to Medicare and to those who have lost their Medicare Advantage coverage because the Medicare Advantage plan has left the market or the Medicare beneficiary has relocated. There is also an additional time period for those losing their group coverage.
• Medicare Advantage plans often include a Part D Prescription Drug plan and they must include emergency care when traveling abroad.

• Some Medicare Advantage plans feature added benefits that are not included with Original Medicare such as preventive dental, vision care, an annual hearing exam, or alternative medicine.

• Medicare Advantage plans must submit their proposed benefit package each year to Centers for Medicare & Medicaid Services (CMS) for the upcoming year. CMS must then review and approve the Medicare Advantage plan’s benefit package before marketing can begin during the Open Enrollment Period. When reviewing Medicare Advantage plan benefits during Open Enrollment, understand that the Medicare Advantage plan benefits will not change during the plan year (January 1st to December 31st).

• People who already have a Medicare Advantage plan will receive an Annual Notice of Coverage (ANOC) letter from their Medicare Advantage plan before the start of Open Enrollment. The ANOC letter indicates how their Medicare Advantage benefits will change for the upcoming plan year. Medicare Advantage members are strongly encouraged to carefully review their ANOC letter.

**HOW VIBRANTUSA CAN HELP**

If you currently have a Medicare Supplement and you are considering joining a Medicare Advantage plan, we realize this process can seem overwhelming. VibrantUSA Insurance Specialists are here to help you sort out all of the details. We are trained to help people compare the different Medicare Advantage plans accepted by their physicians and hospital. We take whatever time is necessary to answer your questions and make sure you are comfortable with your decision. VibrantUSA is not owned or influenced by any Medicare Advantage plan, so we will always provide you with an unbiased assessment of your options.

**Additional Resource**

The *Medicare & You* book published annually by the Centers for Medicare & Medicaid Services includes additional information pertaining to Supplement plans and Medicare Advantage plans. To view this online, visit: www.medicare.gov or request a copy by calling: 1-800-MEDICARE (TTY 1-877-486-2048).

“*The Everett Clinic recommends the services of VibrantUSA, an independent insurance agency that works with Medicare patients throughout the state and represents all of the plans accepted by The Everett Clinic.*”
Your Medicare Coverage Choices at a Glance

There are two main ways to get your Medicare coverage: Original Medicare or a Medicare Advantage Plan. Use these steps to help you decide which way to get your coverage.

**MEDICARE BASICS**

**Step 1:** Decide how you want to get your coverage

- **Original Medicare**
  - Part A: Hospital Insurance
  - Part B: Medical Insurance

- **Medicare Advantage Plan** *(like an HMO or PPO)*
  - Combines Part A, Part B, and usually Part D

**Step 2:** Decide if you need to add drug coverage

- **Part D:** Prescription Drug Coverage

**Step 3:** Decide if you need to add supplemental coverage

- **Medigap:** (Medical Supplement Insurance) policy

*If you join a Medicare Advantage Plan, you don’t need and can’t be sold a Medigap policy.*

Reprinted from “Medicare & You”
In 2006, insurance coverage for prescription medications was made available for people with Medicare. Medicare Part D Prescription Drug plans require payment of a premium, and some plans require an annual deductible to be met before the plan begins to pay for drugs. Copayments are then required, with generic medications normally featuring lower copays as compared to name brand medications.

Each Part D plan features a Formulary – a listing of all prescription medications that are covered by the plan. It is most important to verify that your current medications are included in the plan’s Formulary before applying for coverage. Here are more tips when evaluating Part D Prescription Drug plans:

• Make a list of all of your prescription drugs to include: **Name of Drug, Dosage and Frequency.** This information is necessary when comparing Part D Prescription plans.

• The Medicare website ([www.medicare.gov](http://www.medicare.gov)) has a section where you can enter your drug names and information, and the website will help you compare Medicare Part D Prescription plans – this is the best resource on the internet!

• Review the formulary for your chosen Part D plan. If you do not see a specific name brand medication included, you may be required to purchase the medication on your own. Name brand medications can be very expensive, so be careful.

• When making your list of medications don’t forget: creams, ointments, eye drops and nasal sprays that are prescribed by your physician.
• Look at the different copayment “Tiers” featured by the plan. Remember that these copays are for a 30-day supply only, so you will need to multiply the copay by 12 in order to determine the annual out-of-pocket expense for a prescription.

• You should also confirm your preferred pharmacy is contracted with any Part D plans of interest.

• Compare retail costs at your pharmacy to the mail order price offered by the Part D plan. Many people find that mail order prices are less expensive, and some plans provide financial incentives to use their mail order services.

• If you are taking a name brand medication and a generic equivalent is available, check with your physician to see if changing to the generic is advisable. If so, it can save you considerable money over the course of a year.

• You may qualify for “Extra Help” (also called “low-income subsidy” or LIS). It is available to people who have limited income and resources to help pay for Medicare prescription drug coverage. (See Additional Resource on this page.)

HOW VIBRANTUSA CAN HELP

VibrantUSA Medicare Insurance Specialists are extremely familiar with the Part D Plan Finder tool that is on the Medicare website (www.medicare.gov), and we will take the time to enter your medication data on your behalf. By doing so, we can then provide you with a Medicare Part D Report that will help you understand the premium and copayment requirements of available Medicare Part D Prescription plans. To get started, go to vibrantusa.com/Forms/prescription-drug-questionaire.pdf

And remember, we are here to help and there is never a fee for our services.

Additional Resource

The Medicare & You book published annually by the Centers for Medicare & Medicaid Services includes additional information pertaining to Part D Prescription plans. To view this online, visit: www.medicare.gov or request a copy by calling: 1-800-MEDICARE (TTY 1-877-486-2048).

Extra Help application is available on the Social Security website (www.ssa.gov) or call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

“I suddenly found myself without health insurance and in a panic. In one 20 minute phone call, my fears were totally taken away by VibrantUSA. They talked to Medicare and Social Security and now I am completely covered with Medicare and prescription drug coverage. I would stand on top of the Space Needle and tell everyone about VibrantUSA.”

Janeen Peterson, Kirkland WA
**Determining Your Medicare Insurance Solution**

**More useful tips to consider**

1. **Determine which Medicare insurance plans are accepted by your physicians, hospital and other healthcare providers**

Most physicians only accept certain Medicare insurance plans, so we always suggest contacting your Primary Care Physician and any specialists you may see. If you are on the internet, a visit to the physician website may provide you with a list of accepted Medicare plans. (Make sure the plans listed are for the current year – some sites may not be updated right away.) We then suggest confirming the list of Medicare plans with your choice of hospitals and any other healthcare providers you may be using such as home health agencies, durable medical equipment companies or home respiratory service providers.

2. **Reflect on your recent health history**

Do you have any special healthcare needs, such as receiving outpatient services on a regular basis or a history of frequent hospitalizations? All Medicare insurance plans provide coverage for these services, but Medicare insurance plans often require different cost-sharing amounts to be met for things like physician office visits, outpatient care, inpatient care, skilled nursing care, ambulance transport services and chiropractor services. For example, a Medicare Advantage plan that features a very low monthly premium, may then require you to pay a daily copayment for each of the first seven days in a hospital. A person with a history of frequent hospital admissions may want to consider a Medicare Advantage plan that features a lower copayment when hospitalized, even if the monthly premium is higher.

3. **Understand the Out-of-Pocket Maximum**

An Annual Out-of-Pocket Maximum is a benefit found on all Medicare Advantage plans. This benefit specifies the total amount for Medicare covered services a person would pay out of their own pocket before the plan begins to pay all remaining costs for that calendar year. Annual Out-of-Pocket Maximums are included on all Medicare Advantage plans, however, the maximum amount will vary from plan to plan.

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www.vibrantusa.com
Consider your prescription medication needs

Make a list of your prescriptions including the name of the drug, dosage, and frequency. Compare your list against the plan Formulary of any Medicare Part D Prescription plans of interest, and make sure all of your prescription medications are covered.

Added benefits may be important

Medicare Advantage plans usually offer added benefits. These might include preventive dental, vision, hearing, alternative healthcare, or a gym membership. If there is an added benefit that is important to you, try to locate a plan that meets all of your needs, including added benefits. All Medicare Advantage plans provide coverage for worldwide emergency care. You will need to consider all of the points listed in this section and then make the decision that is right for you.

HOW VIBRANTUSA CAN HELP

VibrantUSA Medicare Insurance Specialists take the time to help you address each of these questions. We contact your healthcare providers to confirm which Medicare plans they accept, then mail you materials on the available insurance options. We help you compare the different Medicare plans and determine the insurance solution that best meets your healthcare needs and budget. When you are ready to apply for coverage, we help you complete the application and make sure the enrollment process goes smoothly.

And remember, we are here to help and there is never a fee for our services.

“VibrantUSA does a skillful job of understanding my concerns and needs and then walked me through the maze of choices and options. My heart goes out to all who have no background in the insurance and/or Medicare industry and are thrust into such confusion. Your services are most valuable to those of us out here needing guidance with one of the most important issues in our lives today. I will sleep better tonight!”

Shirley Stone, Bellevue WA
IMPORTANT INFORMATION:
KEY DATES TO REMEMBER

During the Annual Election Period (AEP), Medicare beneficiaries are able to add, drop or change Medicare Advantage or Part D Prescription Drug plan coverage. **AEP runs between October 15th and December 7th. Medicare beneficiaries must complete their Medicare Advantage and Part D Prescription plan changes by December 7th.**

**Dates to Remember:**

**October**

Medicare Advantage and Part D Prescription Drug plans released with new premium and benefit design information for the coming year.

**October 15**

Medicare Annual Election Period (AEP) begins. Medicare Advantage and Part D Prescription Drug plans begin accepting applications for the upcoming plan year.

**December 7**

Medicare Annual Election Period officially ends. The last day Medicare Advantage and Part D Prescription Drug plans are able to accept applications for the coming plan year.

**January 1**

Medicare Advantage and Part D Prescription Drug plans become effective for the new plan year.

**January 1 - February 14**

This is the Annual Disenrollment Period (ADP) — a time when Medicare Advantage plans may be dropped and the policyholder may return only to Original Medicare. Part D Prescription Drug plans may be purchased if a drug plan was originally part of the Medicare Advantage plan.

**HOW VIBRANTUSA CAN HELP**

If you are considering a change of Medicare insurance, VibrantUSA recognizes you want to review Medicare plan information as soon as it is available. At your request, we will promptly send you information on any Medicare Advantage plans of interest as soon as it becomes available in October. If you are unsure as to which Medicare Advantage plans best meet your needs, our Licensed Insurance Specialists can help you compare the different Medicare Advantage plans that are accepted by your physicians. We are available to work with you over the telephone, by email, or by appointment at one of our local offices.

When you decide on a particular Medicare Advantage plan, we are able to help you complete the enrollment application and we will submit the application to the Medicare Advantage plan on your behalf. Should you have any problems during or after the enrollment process, we are ready to serve as your advocate when getting issues resolved with the insurance company.
Additional VibrantUSA Resources:

Personal Assistance with a Medicare Insurance Specialist

Highly-trained VibrantUSA specialists are available to answer any of your questions by telephone or email. Our specialists will also meet you in person at any of our offices and from time-to-time other meeting locations will be established. Please call 866-733-5111 for an appointment. We represent more than 50 Medicare Advantage, Supplement and Part D Prescription Drug plans. We can promptly send you information on any Medicare plan of interest. And remember, there is never a fee for our services.

Medicare Educational Seminars

VibrantUSA regularly conducts free Medicare Educational Seminars. Seminars are designed to strengthen your understanding of Original Medicare, and the various types of Medicare insurance being sold. Medicare Educational Seminars are not sponsored by insurance companies, so information is unbiased and educational in nature. Call VibrantUSA or visit us online to see a list of upcoming seminars or to register for an upcoming event.
Other Resources:

Medicare

There are several ways to receive up-to-date Medicare information:

- Call toll-free 1-800-MEDICARE (TTY 1-877-486-2048)
- Read Medicare & You published annually and mailed to all Medicare beneficiaries
- Your local market may have additional resources for you. Please contact our state’s insurance commission or our office for more information.
- SHIBA (Statewide Health Insurance Benefits Advisors). The Washington Office of the Insurance Commissioner sponsors SHIBA, an organization comprised of volunteers who provide assistance to people with Medicare. SHIBA volunteers are not appointed or certified to represent any Medicare insurance plan, but they are able to provide assistance with questions regarding the Medicare program and available Medicare insurance coverage options. SHIBA can also help with questions pertaining to Medicare Fraud and Abuse. The SHIBA Helpline is 1-800-562-6900 or visit www.insurance.wa.gov/shiba

Additional Resource

The Medicare & You book published annually by the Centers for Medicare & Medicaid Services includes additional information on resources available to you. Request your copy by calling (1-800)-MEDICARE (TTY 1-877-486-2048) or visit www.Medicare.gov.

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VibrantUSA is an independent insurance agency, specializing in insurance products related to Medicare. Our goal is to empower Medicare beneficiaries to be able to navigate Medicare and make informed decisions about their insurance needs.

Here is what makes the specialists at VibrantUSA the specialists you will want on your side:

- We have been in business since 2003 – always focusing on Medicare insurance products.
- Ongoing training programs keep the VibrantUSA Team the most knowledgeable in the business.
- We understand our job is to help you make informed decisions.
- We have gained the respect and confidence of medical professionals across the state as well as many pharmacy providers who send their patients to us for assistance.
- Our existing customers continuously refer their friends and relatives to us as they know they will be treated fairly and with respect.
- We have helped more than 17,000 clients with their Medicare insurance.
- We are unbiased – because we represent so many different companies, we can find the plan that works best for you.
- We will give you the personal advice and assistance you deserve.
- We remain committed to having a real person answering the phone during business hours. We believe our clients deserve this level of service and respect.
- We will work with you as you prefer – by telephone, mail, email, online, in a seminar or a private consultation with a specialist.
- We are here throughout the year to help you – with questions, problem claims, etc.
- We believe in what we do and strive to be the very best in our field.

We encourage you to try the VibrantUSA for yourself – we know you will wish every business could be as knowledgeable and sincere as VibrantUSA.